

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000007577

FILED
Jan 14, 2009
Secretary of State

Entity Name: INTERNATIONAL ACADEMY OF ORAL MEDICINE AND TOXICOLOGY, INC.

Current Principal Place of Business:

8297 CHAMPIONSGATE BLVD., #193
CHAMPIONSGATE, FL 33896

New Principal Place of Business:

Current Mailing Address:

8297 CHAMPIONSGATE BLVD., #193
CHAMPIONSGATE, FL 33896

New Mailing Address:

FEI Number: 59-3628306

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, KYM
8297 CHAMPIONSGATE BLVD., #193
CHAMPIONSGATE, FL 33896 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SMITH, KYM
Address: 8297 CHAMPIONSGATE BLVD., #193
City-St-Zip: CHAMPIONSGATE, FL 33896

Title: DT () Delete
Name: BASCIANO, MARCIA DR.
Address: 2932 FINLEY RD., #103
City-St-Zip: DOWNERS GROVE, IL 60515

Title: P () Delete
Name: MESSERMAN, TERRY DR
Address: 23250 CHAGRIN BLVD., BLDG. 5 STE 355
City-St-Zip: BEACHWOOD, OH 44122

Title: V () Delete
Name: STOPKA, JANET DR.
Address: 2932 FINLEY RD, #103
City-St-Zip: DOWNERS GROVE, IL 60515

Title: S () Delete
Name: DRESSIER, RONALD DR
Address: 5675 JIMMY CARTER BLVD., STE 730
City-St-Zip: NORCROSS, GA 30071

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KYM SMITH

MS

01/14/2009

Electronic Signature of Signing Officer or Director

Date